

**INSTRUCTIONS FOR FORM CA 800S (18+/NMD TEMP) NONFED  
SUMMARY REPORT OF ASSISTANCE EXPENDITURES  
Kin-GAP 18+ AND CALWORKS NON-MINOR DEPENDENT (NMD)  
NONFEDERAL**

*(The programs/aid codes listed in [CFL No. 17/18-32](#) have been relocated to the CCR CA 800 workbook.)*

**General Information**

1. Enter county name, month and year of the claim in the space provided.
2. Enter name and telephone number of county staff person to be contacted if there are any questions regarding the claim.
3. This form is pre-programmed to round all amounts to the nearest dollar.

**Current Month**

4. Lines 1 through 5: Enter the amounts shown on the integrated payroll summary. For non-integrated payrolls, enter the grand totals shown for each payroll. Only current month adjustments should be entered on line 5.
5. Line 6: Subtotal of lines 1 through 5. This amount will calculate automatically.

**Prior Month**

6. Line 7: Enter the amounts shown on the integrated payroll summary. For non-integrated payrolls, enter the grand totals shown for each contra roll.
7. Line 8: Enter the total of recoveries of aid in this month for aid paid in a prior month. This includes cash abatements or repayments of overpayments received during this report month.
8. Line 9: Enter the total of all prior month negative adjustments which decrease amounts that were claimed in a prior month summary report.
9. Line 10: Subtotal of lines 7 through 9. This amount will calculate automatically.

**Prior Month Positive Adjustment**

10. Line 11: Enter the amounts shown on the separate listing for prior month positive adjustments which were or should have been claimed on a prior month Summary Report.

**Total Payroll, Current + Prior Month (Lines 6 + 10 + 11)**

11. Line 12: Total Aid Payments, current and prior months (lines 6+10+11). This amount will calculate automatically.

**Infant Supplement Rate (ISR) Supplement**

12. Line 13: Enter only the expenditures of the ISR Supplement. Refer to Welfare and Institutions Code 11465(c)(5).

**REMINDER:** Expenditures of the base amount of the infant supplement should continue to be claimed in the main payroll. Refer to County Fiscal Letter 16/17-07, dated August 2, 2016, for additional information.

**Total All Payments (Lines 12 + 13)**

13. Line 14: This is the grand total of aid payments and ISR supplement expenditures. This amount will calculate automatically.

**Person Count**

14. Line 15: Enter the number of Assistance Units (AUs) represented in your total persons count (children and adults).

**Summary by Funding (State/State-County 2011/County)**

15. Line 16 and 19: This will calculate automatically.

**Summary by Program/Reporting Category**

16. Lines 20 through 23: This will calculate automatically.